

Compensation of Hospital Employees

Calendar Year:		2013		
Entity Name:		Skagit County Public Hospital District No. 2, dba Island Hospital		
		(B) Breakdown of W-2 and/or 1099 M		
(A)Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(i) Base Compensation	(ii) Bonus & Incentive Compensation
1 Vince Oliver	Yes		308,096	
2 Bojan Kuure			98,955	
3 Elise Cutter			129,843	
4 Lois Pate			90,585	
5 Larry Pelham			127,375	
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Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J

<http://www.irs.gov/pub/irs-pdf/i990sj.pdf>

If the five highest paid employees do not include the lead administrator, please report compensation information

Please submit compensation information to DOH either by mail, fax or email to the following

Washington State Department of Health

Center for Health Statistics/Hospital and Patient Data Section

MS: 47814

Olympia, WA 98504-7814

Fax: (360) 753-4135

email: hos@doh.wa.gov

ISC Compensation			
(iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D) Non-Taxable Benefits	(E) Total
42,000	50,397	9,814	410,308
40,848	55,284	7,357	202,444
	37,732	9,189	176,764
6,000	66,049	9,845	172,480
	19,662	9,669	156,706

ation for the lead administrator on line 1, and for the five highest paid employees without patient care
ing address: